

ARTICLE 5

SECTION 18

WAIVERS AND PROGRAMS FOR MEDI-CAL HOME AND COMMUNITY-BASED SERVICES

The Social Security Act, Section 1915 (c) permits states to request waivers in order to provide certain services to persons at home or in the community as a cost neutral alternative to institutionalized health care, provided such non-institutionalized services meet the health and safety needs of the beneficiary. The goal is that the beneficiary will experience an enhanced and enriched quality of life if allowed to return home or to the community.

Congress also authorized Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for eligible individuals under 21 years of age. EPSDT is a Medi-Cal benefit which requires that states provide medically necessary screening, vision, hearing, and dental services to Medi-Cal beneficiaries. One of the services which may be provided is licensed skilled nursing in the home. Therefore, Medi-Cal eligible children who are institutionalized will now be able to return home from institutionalization or those who are home can remain at home because they can receive additional medical services under the EPSDT program if certain criteria, including cost effectiveness, are met.

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A person who has a Share of Cost (SOC) or is not properly eligible for Medi-Cal under regular income/property rules may benefit from some of these waivers, as described below.

Currently there are four waivers in use. They are:

- ◆ Department of Developmental Services (DDS) Home and Community-Based Waiver.
- ◆ Medi-Cal In-Home Operations (IHO) Waivers. These Waiver have also been known as Model Waiver, Katie Beckett Waiver, or Home and Community Based Services Waiver.
- ◆ Department of Aging Multipurpose Senior Services Program (MSSP) Waiver.
- ◆ DHS Acquired Immune Deficiency Syndrome (AIDS) Waiver.

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The first three waivers provide special Medi-Cal rules that allow an exemption of an in home spouse or parent's income and property to determine Medi-Cal eligibility for individuals who have been determined eligible for these waivers. The last one does not.

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1. DEPARTMENT OF DEVELOPMENTAL SERVICES HOME AND COMMUNITY-BASED
WAIVER (commonly called DDS Waiver or Institutional Deeming)

A. Description

The DDS Waiver is limited to developmentally disabled persons who reside in or meet the admission criteria for an intermediate care facility for the developmentally disabled as defined in the California Health and Safety Code. The San Diego Regional Center determines if the beneficiary meets the criteria for the DDS Waiver program. Services provided include homemaker, home health, residential habilitation, day habilitation, skilled

nursing, transportation, specialized medical equipment and supplies, personal care, respite, environmental modification, chore service, personal emergency response systems, physical therapy, occupational therapy, physiology services, vehicle adaptations, communication aides, and crisis intervention. The worker first determines if the applicant is eligible to Medi-Cal with zero SOC or a Special Percent Program. If the applicant is not eligible to zero SOC Medi-Cal but is otherwise eligible to Medi-Cal, the applicant is eligible to the DDS Waiver program.

B. Referring Agency

San Diego Regional Center is responsible for the DDS Waiver referrals. DDS contracts with local regional centers, which are responsible for seeking Medi-Cal for their clients. These regional centers are nonprofit agencies.

The San Diego Regional Center will determine the medical appropriateness of Waiver coverage before referring to the regional office by reviewing the applicant's medical, social and developmental care needs, as well as applicant's income. When appropriate, the regional center will refer the client to the County for an eligibility determination or redetermination via the DDS Waiver Referral form, DHS 7096 (Appendix A), which the worker will keep in the case file under the "Medical" tab. If no responsible relative is available to act on behalf of the client, or the responsible relative does not wish to apply for the client, the regional center representative may do so. **Workers may share ongoing eligibility information with the regional center regardless of who acts on the client's behalf and without a signed DHS 7068.**

The Regional Center for San Diego and Imperial counties is located at:

4355 Ruffin Road, Suite 205
San Diego, CA 92123-1648
Tel.: (858) 576-2996
Fax: (858) 576-2873

C. Medi-Cal Eligibility Under DSS Waiver

The individual must meet all regular Medi-Cal eligibility rules when determining eligibility for the Waiver. To process an application with a DDS Waiver Referral:

- ◆ Screen the entire family's income and property for eligibility to zero SOC Medi-Cal. If the information is not already on the Statement of Facts, obtain the information on a Sworn Statement.
- ◆ If the family MFBU is determined eligible to zero SOC Medi-Cal or an FPL program, return referral to the Regional Center as an inappropriate referral.

If the individual meets all other regular Medi-Cal eligibility requirements but is income and property ineligible, or has a SOC, the worker will base eligibility on the DDS Waiver referral and follow the special rules below:

- ◆ Only use the Waiver applicant/beneficiary's income and resources in determining his/her eligibility and SOC. Parental and/or spousal income and resources are not considered even if he/she lives in the home.

- ◆ Spousal impoverishment rules apply, if appropriate, as if the individual were institutionalized.
- ◆ If the individual is over property because of a second vehicle, the worker must determine if the vehicle is exempt. Under DDS waiver rules, a second vehicle, which has been modified to accommodate the physical handicap(s) or medical needs of the individual, is to be exempt when determining Medi-Cal eligibility. A written statement from a physician verifying the need for the modified vehicle is required and is to be filed in the Medi-Cal case.
- ◆ Each Waiver individual is in his/her own MFBU. If other family members wish to be aided, the Waiver individual is treated similar to those on public assistance; e.g., he/she may be used to link other family members although he/she is not in the MFBU. **His/her income is not included in the family's MFBU.**

- ◆ The Waiver is limited to those who are eligible for full-scope benefits. A person residing in a nursing home under the state-only aid code of 53, a person in another limited scope aid code, or a person who does not have satisfactory immigration status is not eligible.
- ◆ The worker should use the most beneficial full scope Medi-Cal program to determine eligibility that is applicable to the applicant/beneficiary, e.g., the Aged and Disabled Program, the Medically Needy Program (MN), the Medically Indigent (MI) Program, or the Percent Program. Eligibility is based on the waiver individual's own income and resources, including amounts remaining after spousal impoverishment rules are applied.

For example: A child under age 19 who has a SOC in the MN or MI Program or has excess property may be eligible under the appropriate Percent Program, which disregards property, using a family size of one under the Waiver Program. He/she would then be given the appropriate Waiver aid code.

- ◆ A SP-DAPD referral is required only if the individual has no other basis for linkage (e.g., the person is not aged, not under 21 and has not been determined disabled by SSA, etc.), or if a disability determination would be advantageous to the beneficiary (allowance of ABD deductions).

- ◆ The maintenance need for one (\$600) is used.

- ◆ The following aid codes are used for DDS Waiver eligible cases:

6V-DDS Waiver Zero SOC

6W-DDS Waiver SOC

These aid codes:

- Are non-MACB. See the CDS Code and Message Handbook for information.
- Are voluntary managed care enrollees. The enrollment process is done through the Orientation Specialist.
- ◆ Medi-Cal beneficiaries with zero SOC in a mandatory managed care plan aid

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code may choose to dis-enroll from managed care by completing form HCO-02 (8/99) Medi-Cal Waiver Program Exemption Certification (Appendix D). The medical providers usually initiate this form.

- ◆ If a beneficiary is currently receiving Medi-Cal benefits through the DDS Waiver Program, the San Diego Regional Center must be contacted at the time of annual redetermination to ensure the beneficiary is still medically eligible for the Waiver program. The Regional Center telephone number is listed in 1-B.
- ◆ A copy of the granting Notice of Action must be sent to the Regional Center representative or referring agency informing them of the disposition of the application/redetermination.

2. MEDI-CAL IN-HOME OPERATIONS (IHO) WAIVERS (previously called Katie Beckett, Model Waiver, or Home and Community Based Services (HCBS) Waiver) | ACWDL
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A. Description

The Medi-Cal In-Home Operations (IHO) Waivers are limited to persons who require nursing facility level of care or subacute services for at least 90 consecutive days, but who wish to live at home, or in the community. Individuals under the age of 21 must be able to access a waiver service which is not covered under the EPSDT program. Inpatient status before the enrollment of Waiver services is not required. The California Department of Health Services (CDHS) IHO Section determines if the applicant meets the criteria for Waiver eligibility. Services provided include, but are not limited to: case management, skilled nursing, home health aides, language services, speech, hearing, family training and therapy, physical therapy and adaptations to the home. The worker first determines if the applicant is eligible to Medi-Cal with zero SOC. If the beneficiary is not eligible to zero SOC Medi-Cal, but is otherwise eligible to Medi-Cal, the applicant is eligible to the Medi-Cal IHO Waiver program. | ACWDL
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B. Referring Agency

The referring agency for the Medi-Cal IHO Waiver is the CDHS/IHO Section. The purpose of IHO is to ensure that necessary, appropriate, and quality medical and nursing services are authorized and provided in the home setting. IHO staff facilitates the proposal documentation and development between each waiver participant and provider. This process allows for review of all issues related to the level of care, evaluation of durable medical equipment, medication, nursing hours, cost effectiveness and verification by IHO staff that the home environment is appropriate to meet the health and safety needs of the recipient. Final approvals of individual waiver requests are subject to review by a Medi-Cal physician and other staff.

When the medical component is completed, the worker will receive a copy of the Medi-Cal IHO Waiver Medi-Cal Eligibility Notice, Letter No. 1 (Appendix B) from the Medi-Cal Program Specialist. File the copy of the letter in the case file under the "Medical" tab.

Some individuals receiving benefits under the Department of Developmental Services (DDS) Waiver may be referred by CDHS IHO to change to the Medi-Cal IHO Waiver due to a better match with services. The worker will receive a copy of the Medi-Cal IHO

Waiver Medi-Cal Eligibility Notice, Letter No. 3 (Appendix C) from PPSD. The worker must change the aid code to the appropriate Medi-Cal IHO Waiver aid code, file the copy of the letter in the case file, and narrate.

C. Eligibility Under Medi-Cal IHO Waivers

The individual must meet all regular Medi-Cal eligibility rules when determining eligibility for the Medi-Cal IHO Waiver. To process an application with a Medi-Cal IHO Waiver Referral:

- ◆ Screen the entire family's income and property for eligibility to zero SOC Medi-Cal. If the information is not already on the Statement of Facts, obtain the information on a Sworn Statement.
- ◆ If the family MFBU appears eligible to zero SOC Medi-Cal, return referral to the Medi-Cal Program Specialist as an inappropriate referral.

If the individual meets all other regular Medi-Cal eligibility requirements but is income and property ineligible, or has a SOC, the worker will base eligibility on the Medi-Cal IHO Waiver referral and follow the special rules below:

- ◆ Only use the Waiver applicant/beneficiary's income and resources in determining his/her eligibility and SOC. Parental and/or spousal income and resources are not considered even if he/she lives at home.
- ◆ Spousal impoverishment rules apply, if appropriate, as if the individual was institutionalized.
- ◆ If the individual is over property because of a second vehicle, the worker must determine if the vehicle is exempt. Under Medi-Cal IHO Waiver rules, a second vehicle, which has been modified to accommodate the physical handicap(s) or medical needs of the individual, is to be exempted when determining Medi-Cal eligibility. A written statement from a physician verifying the need for the modified vehicle is required and is to be filed in the Medi-Cal case.
- ◆ Each Waiver individual is in his/her own MFBU. If other family members wish to be aided, the Waiver individual is treated similar to those on public assistance; e.g., he/she may be used to link other family members although he/she is not in the MFBU. **His/her income is not included in the family's MFBU.**
- ◆ The Waiver is limited to those who are eligible for full-scope benefits. A person residing in a nursing home under the state-only aid code of 53, a person in another limited scope aid code, or a person who does not have satisfactory immigration status is not eligible.
- ◆ The worker should use the most beneficial full scope Medi-Cal program to determine eligibility that is applicable to the applicant/beneficiary, e.g., the Aged and Disabled Program, the Medically Needy Program (MN), the Medically Indigent (MI) Program, or the Percent Programs. Eligibility is based on the waiver individual's own income and resources, including amounts remaining after spousal impoverishment rules are applied.

For example: A child under age 19 who has a SOC in the MN or MI Program or

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has excess property may be eligible under the appropriate Percent Program, which disregards property, using a family size of one under the Waiver Program. He/she would then be given the appropriate Waiver aid code.

- ◆ A SP-DAPD referral is required only if the individual has no other basis for linkage (e.g., the person is not aged, not under 21 and has not been determined disabled by SSA, etc.), or if a disability determination would be advantageous to the beneficiary (allowance of ABD deductions).
- ◆ The maintenance need for one (\$600) is used.
- ◆ The following aid codes are used for Medi-Cal IHO Waiver eligible cases:

6X Medi-Cal IHO Waiver Zero SOC 6Y Medi-Cal IHO Waiver SOC

These aid codes:

- Are non-MACB. See the CDS Code and Message Handbook for information.
- Are voluntary managed care enrollees. Refer all managed care questions to the Orientation Specialist.
- ◆ Medi-Cal beneficiaries with zero SOC in a mandatory managed care plan aid code may choose to dis-enroll from managed care by completing form HCO-02 (8/99) Medi-Cal Waiver Program Exemption Certification (Appendix D). The medical providers usually initiate this form.
- ◆ It is not necessary to send copy of the granting NOA to IHO or the Medi-Cal Program Specialist.
- ◆ At annual redetermination, unless the worker has been notified otherwise, the beneficiary would still be considered medically eligible to the Medi-Cal IHO Waiver Program. It is not necessary for the worker to contact IHO or the Medi-Cal Program Specialist to verify if the individual is still eligible to the Waiver program.

3. DEPARTMENT OF AGING MULTIPURPOSE SENIOR SERVICE PROGRAM (MSSP) WAIVER

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A. Description

The MSSP Waiver Program is limited to individuals who are:

- Aged (age 65 or older),
- Receiving full-scope Medi-Cal under an acceptable aid code,
- Certifiable for placement in a nursing facility,
- Living within Aging and Independence Service's (AIS) service area,
- Able to be served within a program's cost limitations, and
- Appropriate for care management services.

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Many of the waiver participants live at home and were on Medi-Cal before being accepted into the Waiver.

Services include case management, adult social day care, housing assistance, protective services, personal care, respite care, transportation, meal services and special communications.

B. Referring Agency

The California Department of Aging (CDA) is the referring agency. Aging and Independent Services (AIS) is the local administrator in San Diego County.

Applicants for this waiver have the medical component for waiver inclusion completed before referral to the County. The MSSP individual is referred using form MC 364 (Appendix F).

C. Medi-Cal Eligibility Requirements Under MSSP Waiver

Individuals in the following qualifying Medi-Cal aid codes: 10, 14, 16, 18, 1H, and the new codes 1X and 1Y can receive MSSP services.

Case processing will follow the similar procedures as under Medi-Cal HCBS Waiver. If the individual is eligible for Medi-Cal without a SOC using regular property and income rules, then Medi-Cal should be granted under the appropriate non-Waiver Medi-Cal aid code. If the individual is in a Skilled Nursing Facility at the time of application, Spousal Impoverishment rules are used. If the individual is property ineligible, or has a Share of Cost, then evaluate using Spousal Impoverishment rules. If the individual is determined to be eligible with zero SOC, grant MSSP Waiver under aid code 1X. If the individual is determined to be eligible with a SOC, the application must be referred to AIS for an evaluation for Personal Care Services Program (PCSP) eligibility. The case must be kept in pending status while AIS determines eligibility for services. If determined by AIS to be income eligible, they will grant services and report aid code 1F to MEDS. Once the worker is notified by AIS that services have been granted, the Medi-Cal case can then be granted using aid code 1Y.

D. Aid Codes

The worker will grant under one of the following MSSP Waiver aid codes:

1X MSSP Waiver Zero SOC 1Y MSSP Waiver SOC

These aid codes are:

- Non-MACB. See the CDS Code and Message Handbook for information.
- Voluntary managed care enrollment aid codes. The enrollment process is done through the HCO Specialist.

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4. DHS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) WAIVER

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A. Description

The AIDS Waiver is limited to persons with a diagnosis of Human Immunodeficiency or Acquired Immune Deficiency Syndrome (AIDS) with symptoms related to Human Immunodeficiency Virus (HIV) disease who would otherwise require care in skilled nursing facilities or acute hospitals. Services provided include case management, skilled nursing, attendant care, psycho-social counseling, non-emergency medical transportation, homemaker services, equipment and minor physical adaptations to the home, a limited room and board supplement for infants and children in foster care, nutritional counseling, and nutritional supplements/home delivered meals.

B. Referring Agency

CDHS Office of AIDS.

DHS Office of AIDS, Community Based Case Section
611 North 7th Street, P.O. Box 942732
Sacramento, CA 95814
(916) 327-6768
FAX: (916) 327-3177

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Applicants for this waiver have the medical component for waiver inclusion completed before referral to the County. There should be few, if any, of this type of referral to the County.

C. Medi-Cal Eligibility Requirements Under AIDS Waiver

Process using regular Medi-Cal eligibility rules. No special Medi-Cal eligibility rules apply.

5. NOTICES OF ACTION TO THE REFERRING AGENCY

When an applicant's Medi-Cal eligibility is approved or denied under a Waiver, in addition to the copy sent to the applicant, a copy of the approval/denial NOA will also be sent to the representative of the referring agency (whose name and address are on the referral form) with an exception of the Medi-Cal IHO Waivers Program.

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6. BEGINNING DATE OF ELIGIBILITY

The effective date of eligibility for an applicant using the special eligibility rules under the DDS, Medi-Cal IHO, or MSSP Waiver is the date the following two requirements are met:

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- ◆ The referring agency determines that it is medically appropriate for the Waiver applicant to be in the Waiver. Normally, this is the date on the DDS Waiver Referral, the Medi-Cal IHO Waiver Medi-Cal Eligibility Notice, or MSSP Waiver Referral; and
- ◆ The worker determines that the Waiver applicant meets the Medi-Cal eligibility requirements under that Waiver.

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If an applicant requests retroactive Medi-Cal benefits, regular Medi-Cal rules apply. If the applicant requests that retroactive eligibility also be evaluated using the special rules under the Waiver, the worker will contact the representative of the referring agency to inquire whether the Waiver also covers the retroactive period. The response must be recorded on the back of the original referral form. If the original referral form includes a cover letter requesting retroactive Medi-Cal, this may be considered a request for retroactive Medi-Cal in lieu of Question #17b of the MC210. In this case, there is no need to contact the referring agency.

7. AID CODES

Regular Medi-Cal aid codes are to be used for beneficiaries in the AIDS Waiver. The DDS, Medi-Cal IHO, and MSSP Waiver cases have aid codes specifically identifying the beneficiaries as Waiver eligible.

6V DDS Waiver Zero SOC	6W DDS Waiver SOC
6X Medi-Cal IHO Waiver Zero SOC	6Y Medi-Cal IHO Waiver SOC
1X MSSP Waiver Zero SOC	1Y MSSP Waiver SOC

8. MEDI-CAL FAMILY BUDGET UNIT (MFBU)

Persons in the DDS, Medi-Cal IHO, and MSSP Waivers are in their own MFBU. If there are multiple persons in the same household applying for these waivers, each person is in his/her own MFBU.

9. SSI PERSONAL NEEDS ALLOWANCE (PNA)

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Effective June 1, 1990, federal law began allowing a former institutionalized SSI child the same personal needs allowance (PNA) as an institutionalized SSI child as long as the non-institutionalized child is in a home and community-based waiver. Because the Social Security Administration (SSA) must confirm that a child is in a waiver program before the PNA can begin or that a child remains in a waiver program for the PNA to continue, counties may be requested to provide verification to SSA such information at the time waiver coverage begins and then at the SSA redetermination. Counties must have permission from the child's parent or guardian before releasing this information to SSA. The DHS 7071 form was developed to secure parental consent and to release this information to SSA. In addition, counties should be aware that in some cases, when the waiver beneficiary begins receiving the PNA, MEDS will convert the waiver aid code to an aid code of 60. If this occurs and the waiver person is still living in the home and is not eligible for a regular SSI payment, counties should contact Department of Health Services to have the aid code corrected.

APPENDIX A

State of California - Health and Welfare Agency

Department of Health Services

DEPARTMENT OF DEVELOPMENTAL SERVICES WAIVER REFERRAL

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

CALIFORNIA REGIONAL CENTER — Please complete this portion and forward to the appropriate County Waiver Contact Person.

Name of applicant			
Address (number, street)	City	State	ZIP code
Social Security number	Date of birth	Telephone ()	
Parent/Guardian (if applicable)			
Address of parent/guardian (if different)	City	State	ZIP code

STATUS

- ☐ New Medi-Cal applicant.
- ☐ Currently receives Medi-Cal with a share of cost. Reevaluate under special institutional deeming rules.

LIVING ARRANGEMENT

- ☐ The applicant is currently in an institution. Please determine Medi-Cal eligibility on his/her anticipated return to the home. Anticipated date of discharge _____.
- ☐ The applicant is currently living in the home.
- ☐ Other: _____

This is to certify that the individual named above has met the admission criteria for an intermediate care facility for the developmentally disabled as defined in the California Health and Safety Code, Chapter 2, Section 1250.

Signature of Regional Center contact person



Printed name of Regional Center contact person	Title	Telephone ()	
Regional Center address (number, street)	City	State	ZIP Code

NOTE TO COUNTY: The eligibility determination waives parental and spousal income and resources even if the applicant lives in the home. See Section 19D of the Medi-Cal Eligibility Procedures Manual. If the applicant/beneficiary is entitled to zero share of cost Medi-Cal under regular eligibility rules, no waiver is required.

Please send a copy of the Notice of Action to the Regional Center when the determination is completed.

DHS 7086 (8/97)

White: County copy

Yellow: Regional Center copy

APPENDIX B

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 324-1020

[State Seal]

Dear

MEDI-CAL HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER ELIGIBILITY NOTICE

Applicant:

Social Security Number:

Date of Birth:

Address:

Telephone:

This notice is to confirm that the above-named individual has been determined medically eligible for NF waiver services by the Department of Health Services, In-Home Operations (IHO).

It is now necessary that the individual make an application for Medi-Cal program eligibility, or be redetermined eligible for Medi-Cal as a member of his/her own Medi-Cal Family Budget Unit (MFBU) through the county welfare department.

Please contact Mr./Ms. _____ in
County at () _____, to make an appointment to complete the Medi-Cal
eligibility application in your county. Should you have questions regarding this notice,
please contact me at (916) 324-5942.

Sincerely,

Carol Hausler, Eligibility Analyst
In-Home Operations

cc:

Note to County: Requesting effective date of _____.

Letter No. 1

APPENDIX C

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

GRAY DAVIS, Governor

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 324-1020

[State Seal]

Dear

MEDI-CAL HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER ELIGIBILITY NOTICE

Applicant:

Social Security Number:

Date of Birth:

Address:

Telephone:

This notice is to confirm that the Department of Health Services, In-Home Operations (IHO), has determined the above-named individual medically eligible for the Medi-Cal HCBS waiver.

Your Medi-Cal eligibility for institutional deeming has already been determined.

A copy of this letter is being sent to Mr./Ms. _____ in _____ County to notify them of the change from the Department of Development Services waiver to the Medi-Cal HCBS waiver. **This letter does not require any action on your part at this time.**

Should you have questions regarding this notice, please contact me at (916) 324-5942.

Sincerely,

Carol Hausler, Eligibility Analyst
In-Home Operations

cc:

Note to County: **Requesting effective date of** _____ .

Letter No. 3

APPENDIX D

MEDI-CAL WAIVER PROGRAM EXEMPTION CERTIFICATION

Each area of the Medi-Cal Waiver Program Exemption Certification form must be completed or the form will be returned unprocessed – Please Print or Type

Dear Medi-Cal Physician: If you currently provide or will be providing medical services to an individual who is receiving Medi-Cal Waiver Program benefits, please complete this portion of the form.

1. Beneficiary Name _____ Last Name First Name M.I.		2. Beneficiary Medi-Cal I.D. Number (BIC) _____	
3. Medi-Cal Provider Number _____		4. Medi-Cal Waiver Program: u. <input type="checkbox"/> AIDS Waiver Program w. <input type="checkbox"/> In-Home Medical Care (IHMC) Waiver Program v. <input type="checkbox"/> Model Waiver Program y. <input type="checkbox"/> Skilled Nursing Facility (SNF) Waiver Program	
I certify that the information I have provided on this form is correct. I understand that the Department of Health Services may audit this form to determine if the information provided is accurate.			
5. Authorized Signature of Medical Physician _____		6. Date Signed _____ Month Day Year	
7. Printed Name of Medical Physician _____ Last Name First Name M.I.		8. Medi-Cal Provider Number used to bill the Medi-Cal Program for this beneficiary _____	
9. Telephone Number of Medical Physician (____) _____ - _____		10. Fax Number of Medical Physician (____) _____ - _____	

MAIL this document to:

Health Care Options
P.O. Box 989009
West Sacramento, CA 95798-9850

**or FAX this
document to: (916) 364-0287**

If you have questions regarding this form, please call HCO at 1-800-430-4263

HCO-02(8/99)

MEDI-CAL MANAGED CARE NON-MEDICAL EXEMPTION CERTIFICATION

- See other side for the Non-Medical Exemption Certification Form •

Indian Health Program Exemption:

Dear Medi-Cal Beneficiary: If you or a family member is receiving Medi-Cal benefits, you may be required to join a Medi-Cal Managed Care health plan. However, if you or a family member is a Native American, Alaskan Native or qualified non-Indian and you want to receive medical services through an Indian Health Service (IHS) facility, you may request to be excused from Medi-Cal Managed Care health plan enrollment in order to receive services through an Indian Health Service facility.

To be excused from plan enrollment you must have an Indian Health Services facility representative complete this form, certifying that you are or will be receiving services from an Indian Health Service facility. The facility representative must submit this completed form to the HCO program.

Medi-Cal Waiver Program Exemption:

Dear Medi-Cal Beneficiary: If you are enrolled in a Medi-Cal waiver program which allows you to receive skilled nursing services at home or are enrolled in any of the waiver programs listed below, you may NOT have to join a plan.

If you are enrolled in a Medi-Cal waiver program and wish to continue receiving medical services from your doctor, clinic or other primary care provider, you must have your doctor complete this form. If approved, you will NOT have to join a Medi-Cal Managed Care health plan for up to 12 months. At the end of 12 months, if an extension is required, your doctor must submit a new form. Your approval for medical exemption will allow you to continue to receive medical services through fee-for-service Medi-Cal by using your white Medi-Cal card.

Medi-Cal Waiver Programs:

- AIDS Waiver Program
- In-Home Medical Care (IHMC) Waiver Program
- Model Waiver Program
- Skilled Nursing Facility (SNF) Waiver Program

CERTIFICACIÓN DE EXCEPCIÓN POR RAZONES NO MÉDICAS PARA ATENCIÓN MÉDICA ADMINISTRADA DE MEDI-CAL

- Vea el reverso de este formulario para información sobre la Excepción por Razones Médicas •

Excepción para el Programa Indian Health Program:

Estimado beneficiario de Medi-Cal: Si usted o un miembro de su familia está recibiendo beneficios de Medi-Cal, es posible que deba inscribirse en un Plan de Salud Administrado de Medi-Cal. Sin embargo, si usted o un miembro de su familia es de origen Indígena Americano, Nativo de Alaska o reúne los requisitos para personas de origen no indígena y desea recibir servicios médicos a través de un centro de Indian Health Service (IHS), puede solicitar que esté excluido de inscribirse en un plan de salud de Atención Médica Administrada de Medi-Cal para recibir los servicios a través del centro de Indian Health Service.

Para que esté excluido de inscribirse en el plan, debe solicitarle a un representante del centro de Indian Health Services que llene este formulario, en el que certifica que usted recibe o recibirá servicios a través de un centro de Indian Health Service. El representante del centro debe enviar este formulario completo al programa HCO.

Excepción para los programas de renuncia a Medi-Cal:

Estimado beneficiario de Medi-Cal: Si está inscrito en un programa de renuncia a Medi-Cal que le permite recibir servicios de atención médica especializada en el hogar o en cualquiera de los programas de renuncia que figuran a continuación, tal vez NO tenga que inscribirse en un plan.

Si está inscrito en un programa de renuncia a Medi-Cal y desea continuar recibiendo servicios médicos a través de su médico, clínica, u otro proveedor de atención médica primaria, debe solicitarle a su médico que llene este formulario. Si se aprueba su solicitud, NO tendrá que inscribirse en un plan de salud de Atención Médica Administrada de Medi-Cal durante un período de hasta 12 meses. Al cumplirse los **12 meses**, si se requiere una extensión, su médico deberá presentar un nuevo formulario. Su aprobación para una excepción por razones médicas le permitirá continuar recibiendo servicios médicos mediante el sistema de pago por servicio de Medi-Cal (fee-for-service), utilizando su tarjeta blanca de Medi-Cal.

Programas de renuncia a Medi-Cal:

- Programa de renuncia para SIDA (AIDS Waiver Program)
- Programa de renuncia para atención médica en el hogar (In-Home Medical Care (IHMC) Waiver Program)
- Programa de renuncia modelo (Model Waiver Program)
- Programa de renuncia para atención médica especializada (Skilled Nursing Facility (SNF) Waiver Program)

MEDI-CAL WAIVER INFORMATION AND AUTHORIZATION

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

Parent/Guardian: If your child was receiving Supplemental Security Income (SSI) payments while in an institution, is under 18 years of age, is now receiving Medi-Cal benefits, is now living at home, and is currently in a home- and community-based waiver program, he/she may be eligible to receive a monthly SSI personal needs payment. Please complete this portion of the form and forward to the County Waiver Person if your child is in a Model or Developmental Services Waiver. For other waivers, forward this form to the State of California, Department of Health Services, Medi-Cal Eligibility Branch, Room 1650, 714 P Street, P.O. Box 942732, Sacramento, CA 94234-7320. After the County or State has verified that your child is in a Medi-Cal waiver, submit this form to the Social Security Administration for a determination. SSA will continue to contact the County or State each year prior to continuing the personal needs payment.

Name of child

Address (number, street)	City	State	ZIP code
Social Security number	Date of birth	Telephone ()	

Parent/Guardian

Address of parent/guardian (if different)	City	State	ZIP code
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Type of waiver

I, the parent or guardian of the above child, authorize the County of _____ or the State of California to disclose to the Social Security Administration information about the above child's status in the Medi-Cal home- and community-based waiver program.

Signature ➤	Date
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COUNTY DEPARTMENT OF SOCIAL SERVICES: Please verify that the above child is currently receiving Medi-Cal benefits at home and is receiving services under the Model or DDS waiver.

I certify that the above named child is receiving Medi-Cal benefits under one of the following home- and community-based waivers:

- ☐ Model Nursing Facilities Waiver (Parental income and resources do not apply.)
☐ Developmental Services Waiver (Parental income and resources do not apply.)

Signature of county authorizing person

Printed name	Title	Telephone ()
County address (number, street)	City	State ZIP code

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES: Please verify that the above child is currently receiving Medi-Cal benefits and receiving waiver services.

Signature of state authorizing person

Printed name	Title	Telephone ()
State address (number, street)	City	State ZIP code

White: Parent copy

Yellow: County copy

DHS 7071 (6/97)

**CALIFORNIA DEPARTMENT OF AGING (CDA)
WAIVER REFERRAL**

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

Multipurpose Senior Services Program (MSSP) site: Please complete this portion and forward to the appropriate County Waiver contact person.

Name of applicant

Address (number, street)	City	State	ZIP code
Social security number	Date of birth	Telephone ()	
Guardian (if applicable)			
Address of guardian (if different) (number, street)	City	State	ZIP code

Status

- ☐ New Medi-Cal applicant.
- ☐ Currently receives Medi-Cal with a share-of-cost.

Living Arrangement

- ☐ The applicant is currently in an institution. Please determine Medi-Cal eligibility based on his/her anticipated return to the community. Anticipated date of discharge: _____
- ☐ The applicant is currently living in the home.
- ☐ Other: _____

Eligibility Determination

If applicant/beneficiary is living or will live at home with his/her spouse and is properly eligible and entitled to zero share-of-cost Medi-Cal under regular eligibility rules, spousal impoverishment rules are not utilized. If the applicant/beneficiary is properly ineligible or has a share-of-cost, apply spousal impoverishment income and resource rules (i.e., institutional deeming rules) even if the applicant/beneficiary lives in the home. See Article 19D of the Medi-Cal Eligibility Procedures Manual.

This is to certify that the individual named above has met the admission criteria for a nursing facility as defined in the California Code of Regulations, Title 2, Division 3, Subdivision 1, Chapter 3, Article 4, Sections 51334 and 51335.

Signature of MSSP site contact person



Printed name of MSSP site contact person	Title	Telephone ()	
MSSP site address (number, street)	City	State	ZIP code

NOTE TO COUNTY: Please send a copy of the Notice of Action to the MSSP site when the determination is completed.
White: County Copy Yellow: MSSP Site Copy

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